

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL SCOTT TAYLOR FOR CONGRESS				
ADDRESS (number and street) PO BOX 71596				
CITY RICHMOND		STATE VA		ZIP CODE 23255
2. NAME OF CANDIDATE TAYLOR, SCOTT, W., Mr.,			3. OFFICE SOUGHT (State and District) House VA 02	
4. FEC IDENTIFICATION NUMBER C00608703				
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____				

A. FULL NAME Franklin, Emily, A., ,				Name of Employer self employed		Date (month, day, year)		Amount	
MAILING ADDRESS 7308 Shirland Ave				Transaction ID : F6.8866		10/24/2016		2500.00	
CITY Norfolk		STATE VA		ZIP CODE 23505		Occupation Freelance Artist			
B. FULL NAME Hillier, Luke, , ,				Name of Employer ADS Inc		Date (month, day, year)		Amount	
MAILING ADDRESS 5000 Ocean Front Ave				Transaction ID : F6.9016		10/25/2016		2500.00	
CITY Virginia Beach		STATE VA		ZIP CODE 23451		Occupation Chairman of the Board			
C. FULL NAME Konikoff, David, B., ,				Name of Employer self employed		Date (month, day, year)		Amount	
MAILING ADDRESS 2100 Lynnhaven Pkwy Ste 100				Transaction ID : F6.9018		10/25/2016		1000.00	
CITY Virginia Beach		STATE VA		ZIP CODE 23456		Occupation Dentist			
D. FULL NAME Rai, Karan, , ,				Name of Employer ADS Inc		Date (month, day, year)		Amount	
MAILING ADDRESS 921 Atlantic Ave Apt 1401				Transaction ID : F6.8869		10/24/2016		2500.00	
CITY Virginia Beach		STATE VA		ZIP CODE 23451		Occupation President			
E. FULL NAME Zoby, Ronald, , ,				Name of Employer Ron Zoby Tours Inc		Date (month, day, year)		Amount	
MAILING ADDRESS 1604 Bay Breeze Dr				Transaction ID : F6.9017		10/25/2016		1000.00	
CITY Virginia Beach		STATE VA		ZIP CODE 23454		Occupation Junket Marketing			
SIGNATURE (optional) Selph, John G., , ,					DATE 10/26/2016		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		
<i>[Electronically Filed]</i>									

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE FORD MOTOR COMPANY CIVIC ACTION FUND PO BOX 75000 DETROIT MI 48275	Name of Employer Transaction ID : F6.9015 Occupation	Date (month, day, year) 10/25/2016	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE KEVIN MCCARTHY FOR CONGRESS PO BOX 12667 BAKERSFIELD CA 93389	Name of Employer Transaction ID : F6.8867 Occupation	Date (month, day, year) 10/24/2016	Amount 2000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE KEVIN MCCARTHY FOR CONGRESS PO BOX 12667 BAKERSFIELD CA 93389	Name of Employer Transaction ID : F6.8868 Occupation	Date (month, day, year) 10/24/2016	Amount 2000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE 16011 NE 36TH WAY BOX 97017 REDMOND WA 98073	Name of Employer Transaction ID : F6.9019 Occupation	Date (month, day, year) 10/25/2016	Amount 2000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE MORE CONSERVATIVES PAC (MCPAC) 228 S WASHINGTON ST STE 115 ALEXANDRIA VA 22314	Name of Employer Transaction ID : F6.9021 Occupation	Date (month, day, year) 10/25/2016	Amount 2500.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC) 8700 WEST BRYN MAWR SUITE 1200S CHICAGO IL 60631			
Name of Employer		Date (month, day, year) 10/25/2016	
Transaction ID : F6.9020 Occupation		Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Occupation		Amount	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Occupation		Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Occupation		Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Occupation		Amount	